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RCRA SUBPART H
LIABILITY INSURANCE
CHECKLIST

✓ Owner/Operator Name Lithon Ind, Beverly Hills CA 90210
(Legal Representative) _____

✓ Facility I.D. No. MO-D 007152903
Name Advanced Circuitsry Div. Lithon Systems
Address 4311 W. Kearney, Springfield, MA 01103

✓ Insurance Agency/Broker AMERICAN Mutual Liability Insurance Co
Address Wakefield, MA 01880

✓ Amount and Type of Coverage Sudden, \$1 mil each + \$2 mil annual

✓ Sudden (Required for all TSDs - \$1 mil occur/\$2 mil annual)
Effective Date: 8/1/02/01
Expiration Date: _____

Non-Sudden (Required for Land Treatment, Surface Impoundment -
\$3 mil occur/\$6 mil annual)
Effective Date:
Jan. 1983
Jan. 1984
Jan. 1985
Expiration Date: _____

RCRA Endorsement

X RCRA Certificate

X Licensed as Excess or Surplus Lines Carrier

State _____

Financial Test

____ Letter from Chief Financial Officer
____ Independent CPA's Report on Examination
____ Independent CPA's Special Report
____ Satisfied Financial Test Criteria

Review Comments

✓ Instruments have identical wording to regulations

✓ Submission adequate per regulations

____ Letter to Facility to be incorporated with
Closure Assurance Financial Documents



R00337337
RCRA RECORDS CENTER

PMTS Review Complete: Tamara M. Snyder
DATE: Aug 18, 1982

~~NO Endorsements~~ Cert. wording is identical.

ok/mg